

ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION
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**FORM 3070 - CERTIFIED NURSING ASSISTANT INSTRUCTOR
RECORD OF QUALIFICATIONS**

Fee \$50

(Lines will expand as needed)

NAME OF INSTRUCTOR		DATE EMPLOYED	
NAME OF SCHOOL			
ADDRESS (LOCATION)			
CITY		STATE	ZIP

Attach a copy of the letter of approval received from the Arkansas Office of Long Term Care (OLTC).

STATEMENT OF COMPLIANCE

Under penalty of perjury, I declare and affirm that the information submitted to OLTC was true, complete, and accurate.

Printed Name of Instructor			
Signature of Instructor (Sign in Blue Ink)		Date	

Under penalty of perjury, as an authorized school official, I certify that this is a copy of the official approval received from OLTC for this Certified Nursing Assistant Instructor.

Printed Name of Official		Title	
Signature of Official (Sign in Blue Ink)		Date	